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Consumer markets abroad

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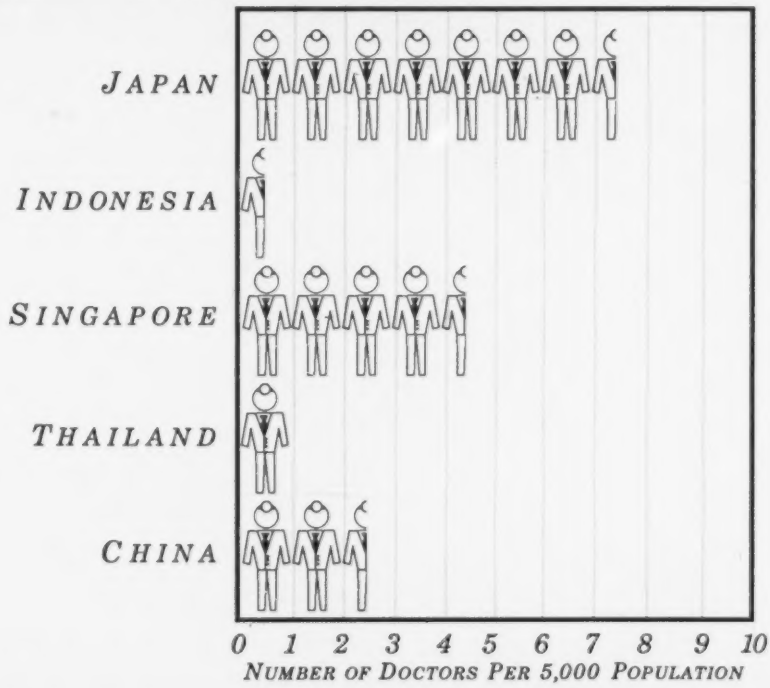
MORE MEDICINE, PLEASE

LONELY DOCTORS

Many Asian countries face a doctor shortage. Indonesia, Thailand, and China rely on nurses, paramedics, or midwives to provide basic health care. (Number of doctors serving 5,000 people, by country, 1981–86)



Notes: Figure for Japan is for 1984; Indonesia, 1981; Singapore, 1986; Thailand, 1986; China, 1983.

Sources: Statistical Yearbook for Asia and the Pacific 1983, *United Nations, Economic and Social Commission for Asia and the Pacific, Bangkok, Thailand, pp. 147, 748;* Statistical Handbook of Japan 1987, *Statistics Bureau, Management and Coordination Agency, p. 127;* CMP Industry Sector Analyses, *U.S. Department of Commerce.*

More Asians can afford to be choosy as medical services improve.

As Asian leaders debate the benefits that trade surpluses bring to their balance sheets, local families point to more immediate bonuses of export-led growth. Economic success not only brings higher standards of living but also improves social services. This link means that more Asians can afford to shop for quality in health care, and their domestic demands are fueling a boom in the international medical-equipment trade.

In less industrialized countries, respiratory infections, diarrheas, intestinal parasites, and nutritional deficiencies account for most illnesses and deaths. Industrialized countries battle chronic degenerative diseases

(continued on page 8)

FORMERLY INTERNATIONAL DEMOGRAPHICS
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RECOVERY IN RIVER COUNTRY

International business leaders watch Zaïre's economic reforms with interest.

Zaïre's investment climate is more favorable today than at any other time since the copper-boom of the early 1970s. After almost five years of reform sponsored by the International Monetary Fund (IMF), the Zaïrian government points to a more competitive business environment as evidence of a stable economic recovery. In this new climate, prospects for U.S. trade should improve.

Formerly the Belgian Congo, Zaïre (meaning "river") achieved independence in June 1960, with one of the most highly developed and diversified economies in sub-Saharan Africa. Although plagued by civil strife during the first five years of independence, Zaïre's politics have stabilized since President Mobutu Sese Seko gained power in 1965. President Mobutu has molded 34 million people of diverse ethnic and tribal groups into a unified nation, which today is a leading force in the region.

Zaïre's 34 million people belong to as many as 250 different ethnic groups. Because of a Belgian-colonial past, about 80 percent of the population is Christian, predominantly Roman Catholic. The country is the third largest territory in Africa, covering more than 905,000 square miles. That makes Zaïre roughly the size of the U.S. east of the Mississippi.

Zaïre shares common borders with nine other nations. Its terrain varies from tropical rain forests to savannas and dense grasslands. One-third of the country lies north of the equator, and two-thirds of the country lies south.

AQUA LIFELINE

Despite its immense size, Zaïre has only about 24 miles of coastline, a narrow strip of land on the north bank of the Zaïre River. This small coastline is the country's only outlet to the Atlantic Ocean (see map).

But Zaïre does not lack water—the Zaïre River, the world's sixth-largest, functions as a lifeline for commerce, transportation, and hydroelectric power. This river's hydroelectric potential is equivalent to 13 percent of the world's supply. Much of that hydroelectric power is tapped by the Inga Dam. The country also has about 135 million barrels of petroleum reserves and over 700 million tons of coal reserves.

Kinshasa, Zaïre's capital city, has nearly 3 million residents. As one of the largest cities in Africa, it is an important market for consumer goods and services. Kinshasa lies 180 miles inland from the Zaïre River. Beyond it, the river is navigable for 1,000 miles into the country's heartland.

PUTTING DOCTORS TO WORK

Since independence, Zaïrians are living longer and better. Life expectancy for the average Zaïrian rose from 43.5 years to 51.5 years between 1965 and 1985. The country now ranks in the top 30 percent of all African nations in life expectancy, according to the World Bank.

Much of Zaïre's progress in health care comes from an increase in medical workers. One doctor served as many as 80,000 Zaïrians in 1960, compared to 15,000 people in 1980. With the growing number of trained medical professionals, vaccination rates against such common diseases as tuberculosis, measles, diphtheria, and tetanus have increased as well.

But the specter of AIDS threatens the recent improvements in health care. Zaïre reported 335 cases of AIDS to the World Health Organization last December, and neighboring countries to the east report even higher numbers. In fact, the farther east one travels, the more serious the epidemic is. Burundi reported a cumulative total of 569 cases of AIDS through last December, Kenya re-

Consumer markets abroad

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Zaïre's 34 million people belong to as many as 250 different ethnic groups.

IN THE EYE OF THE STORM

Zaïre is surrounded by demographic and political hotspots. Like its African neighbors, the country's population will increase by nearly 4 percent this year. (Zaïrian provinces by annual growth rate, in percent, 1981–85)

Annual growth rate of Zaïre's provinces, in percent, 1981–85

□ <3.5% ▒ 3.5%–4.5% ■ >4.5%

HYPERGROWTH

Kinshasa's overcrowding will worsen. The capital region is growing faster than 4 percent a year. (Population of Zaïrian provinces, 1981 and 1985, annual growth, in percent, 1981–85, and density in persons per square kilometer, 1985)

	Population		Annual growth rate (1981–85)	Density (persons/km², 1985)
	1985	1981		
Total	34,671,607	30,148,165	**3.75**	15
1. Équateur	3,960,187	3,418,296	**3.96**	10
2. Haut-Zaïre	5,119,750	4,541,655	**3.18**	10
3. Bas-Zaïre	2,158,595	1,921,524	**3.08**	40
4. Kinshasa	2,778,281	2,338,246	**4.70**	279
5. Bandundu	4,644,758	4,119,524	**3.19**	16
6. Kasai-Occidental	3,465,756	2,935,036	**4.52**	22
7. Kasai-Oriental	2,859,220	2,336,951	**5.59**	17
8. Kivu	5,232,442	4,713,761	**2.75**	20
9. Shaba	4,452,618	3,823,172	**4.12**	9

Source: *National Census of Zaïre 1985;* Africa South of the Sahara 1984–85, *Europa Publications Ltd., London, p. 949.*

ported 964, Tanzania 1,608, and Uganda 2,369.

Zaïre's willingness to address the AIDS problem began in earnest last year. Before 1987, the government would not release statistics on the disease. Today the government's "Project SIPA" is one of the largest AIDS programs in Africa. Medical authorities team up with France's Pasteur Institute and the U.S. Centers for Disease Control to publicly battle the growing epidemic. Since nearly half the population is illiterate, television is key in spreading the public-health message. The nation's most popular program recently devoted two episodes to the issue. One widely popular Zaïrian singer has recorded an album about the dangers of the disease. But these efforts fall short of the resources Zaïre needs to handle an increasing AIDS case load.

Zaïre's per capita food production rose about 10 percent during the 1980s. Seafood is the food of choice for most people. Over 20 percent of the average Zaïrian food dollar is spent on fish, making it the largest single food expenditure. Seafood supplies over half of all protein in the Zaïrian diet. Domestic production is steadily declining, however, and fish imports are rising dramatically: Zaïre imported 4,000 metric tons of fish in 1981 and 209,000 metric tons in 1986.

AFRICAN ROLLERCOASTER

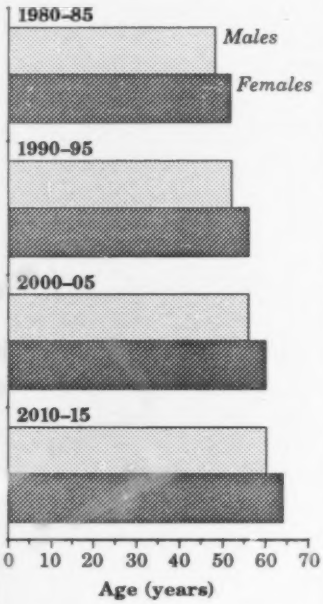
Although politically stable, Zaïre's economy experiences cyclical swings. Per capita income grew rapidly, particularly in the modern urban sector, until the oil-price shocks of 1974. The subsequent worldwide recession and the fall in copper prices pushed the economy into a long period of decline, which began to reverse with the economic-reform program of 1982.

Zaïre's 1985 gross domestic product was US$5.7 billion, an increase of 2.5 percent over 1984. Per capita GNP in 1985 was about US$170, according to the World Bank.

The three-quarters of Zaïrians who live in rural areas are insulated from urban problems like inflation.

LONGER LIFE

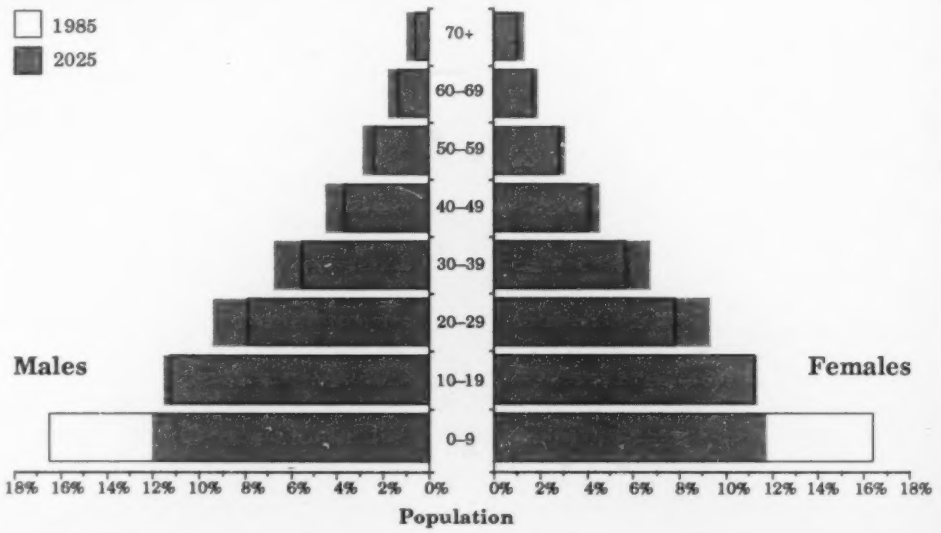
Zaïrian women outlive Zaïrian men, but both men and women will live longer in 2010 than they do today.
(Life expectancy, by sex, in years, 1980–2015)



Source: World Demographic Estimates and Projections, 1950–2025, *United Nations, New York, 1988, p. 176.*

AN OLDER FUTURE

While more than 15 percent of Zaïrians are under age 10 now, that share should fall sharply by 2025.
(Population of Zaïre by age group, in percent, 1985 and projected 2025)



Source: World Demographic Estimates and Projections, 1950–2025, *United Nations, New York, 1988, p. 177.*

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But as the country's infrastructure improves and more family members move to the city, rural Zaïrians increasingly are drawn into the cash economy. In the rural Shaba and Bandundu provinces, for example, more people are buying basic educational items and consumer products such as soap, cigarettes, and beer.

As recently as 1965, nine out of ten Zaïrians lived in rural areas. But the UN projects that only five out of ten will live there by 2010.

Zaïre is rich in natural resources. Its exports, amounting to US$1.87 billion in 1986, include copper, cobalt, industrial and gem diamonds, coffee, gold, and wood. Half of all the forestland in Africa is in Zaïre. The country sells its forestry products both domestically and abroad. Zaïre's imports, amounting to US$1.5 billion in 1986, include oil, food, heavy machinery, and textiles.

While the country's workers are mainly unskilled and many are underemployed, most Zaïrians are literate. Over 55 percent of adults can read and write, and the number of university graduates, though still small by Western standards, has increased considerably over the last two decades.

CONSUMER WOES

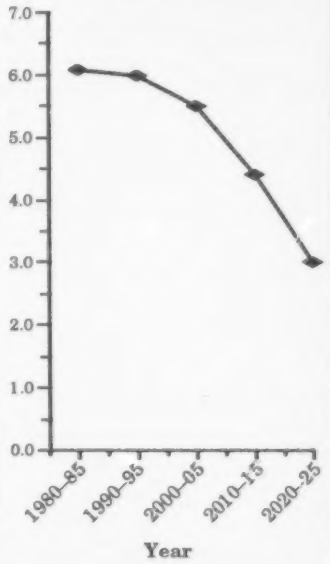
While reform is slowly changing the Zaïrian consumer's lot, past fits of hyperinflation have taken their toll. Prices tripled between 1980 and 1983. By 1983, a wage-earner's purchasing power was less than 5 percent of its 1960 value.

To support the average Zaïrian family of six in 1982, a wage-earner needed to make US$330 a month (at 1982 exchange rates). But in 1983 the minimum legal wage was only about $70 a month for an unskilled worker and $104 a month for a skilled worker, according to André Huybrechts in *Africa South of the Sahara.*

Supplemental income for most Zaïrian families comes from small-scale trading and crafts, children's side work, and contributions from the extended family.

SHRINKING FAMILIES

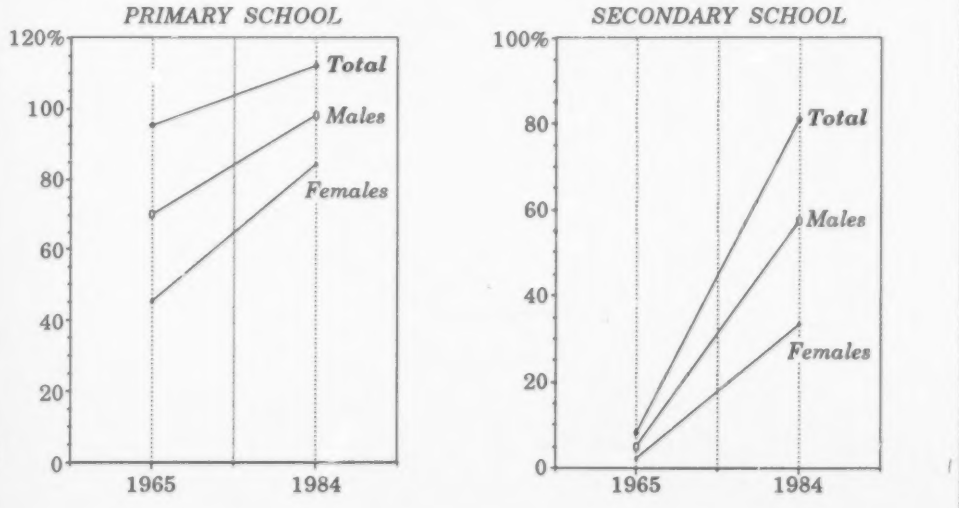
While a Zaïrian woman now has about six children in her lifetime, she should have only three by 2025. (Total lifetime births per woman, 1980–2025)



Source: World Demographic Estimates and Projections, 1950–2025, *United Nations, New York, 1988, p. 176.*

THE LEARNING CURVE

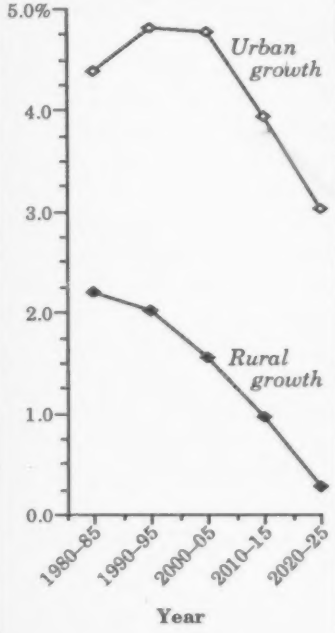
Secondary school is becoming the rule, not the exception—especially for Zaïrian boys. (Percent of Zaïrians enrolled in primary and secondary school as a percentage of their school-age population, 1965 and 1984)



Source: *Robert A. Weaver, Jr. & Associates.*

MANAGING GROWTH

Both urban and rural population growth should slow early in the next century.
(Annual rate of population growth in urban and rural areas, in percent, 1980–2025)



Source: World Demographic Estimates and Projections, 1950–2025, *United Nations, New York, 1988, p. 176.*

REFORM'S REWARDS

The Zaïrian government had few choices but to reform under the IMF program in 1982, when the country's foreign-debt burden had reached about US$5 billion. But reform went beyond the rescheduling of debt. Other initiatives included devaluing the national currency (the zaïre), establishing market rates of exchange for most prices and interest rates, liberalizing trade (including customs duties and administrative procedures for export manufacturers), and reorganizing government-owned enterprises known as *parastatals*. In addition, the government improved tax collection and limited public spending and employment.

These reforms produced immediate results. Inflation fell from 76 percent in 1983 to 30 percent in 1985. The government turned an operating budget deficit that was 6 percent of GDP in 1982 into a 1 percent surplus in 1985.

Because the government eliminated exchange and price controls, the black market has shrunk and more profits now accrue to legitimate traders and small farmers. Local supplies reach their markets on a more regular basis.

The periodic shortages that were common in Zaïre now occur less frequently. Both foreign and domestic goods are more plentiful than in the 1970s. Fiscal controls ensure that key industries like mining receive the foreign exchange and local currency they need to operate, thus providing steady jobs for Zaïre's industrial workers.

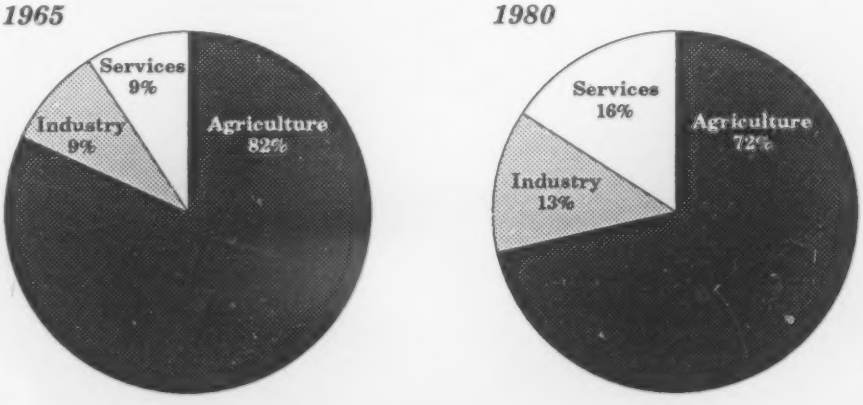
But these successes have not eliminated Zaïre's debt problem. Not long ago, 50 percent of the government's annual budget was required to meet debt-repayment schedules. From the early days of the austerity program in 1983 through October 1986, Zaïre paid Western financial institutions and governments nearly US$1 billion more than it received in loans, grants, and foreign assistance.

SAFE RETURNS

Because the Zaïrian government recognizes that foreign investment is key in keeping the economic momentum alive, it established a new investment code in April 1986. That code offers numerous tax advantages to foreign businesses, some of which vary by location of the enterprise,

FARM TO FACTORY

Despite high unemployment, many Zaïrian workers are moving from farming into industry and services.
(Labor force by sector, in percent, 1965 and 1980)



Source: Robert A. Weaver, Jr. & Associates.

number of jobs generated, type of industrial activity, training and promotion of local staff, export orientation, and value added to local resources. Most benefits under the new investment code last for five years, but some last longer, especially for mining ventures. Zaïre guarantees the repatriation of profits to foreign investors.

In addition to a new investment code, the country recently signed a bilateral investment treaty with the United States. That treaty provides additional protection to foreign investors in the areas of transfer of profits, employment of expatriate technical and managerial personnel, and dispute settlement. In 1986, Zaïre became a member of the World Bank's Multilateral Investment Guarantee Agency, which insures foreign investors against the possibilities of currency manipulation and expropriation.

ROOM TO GROW

The Zaïrian government hopes to channel foreign investment into the sectors in which the country has a natural advantage, such as timber, floriculture, and aquaculture. The government considers more than half of Zaïre's estimated 250 million acres of forests—containing over 100 varieties of lumber-producing trees—"exploitable." These forests contain types of wood that don't exist anywhere else in the world, such as African mahogany. Forestry experts predict that Zaïre could become the leading supplier of African hardwood by the mid-1990s.

Unlike the majority of African land, Zaïre's land is extremely fertile. The eastern provinces are ideal for growing perishable products—such as strawberries and fresh-cut flowers—for an expanding export market. Low labor costs, a well-run national airline for transporting cargo (Air Zaïre), and multiple growing seasons position the country favorably in these highly competitive markets.

SOURCES

Statistics on Zaïre are hard to find. While the country took a census in

URBAN SHIFT

The share of Zaïrian urbanites to the total population will shift from one-quarter to two-thirds by 2025. (Population of Zaïre, in thousands, and percent urban and rural, 1985 and projected 2025)

1985	
Total population	34,672
Percent share	*100.0%*
Urban population	8,668
Urban share	*25.0%*
Rural population	26,004
Rural share	*75.0%*
2025	
Total population	90,097
Percent share	*100.0%*
Urban population	57,717
Urban share	*64.1%*
Rural population	32,380
Rural share	*35.9%*

Source: National Census of Zaïre 1985; World Demographic Estimates and Projections 1950–2025, *United Nations, New York, 1988, p. 176.*

WHO WORKS?

Work will cluster around middle age for Zaïrian men and women in the next century. (Labor force participation by sex and age group, in percent, 1985 and projected 2025)

	1985		*2025*	
Age group	*Women*	*Men*	*Women*	*Men*
Total	28.1%	50.2%	29.8%	51.3%
10–14	19.2	30.0	0.4	2.0
15–19	36.8	61.4	26.3	46.4
20–24	42.6	86.6	53.2	83.8
25–29	46.9	96.0	54.3	95.1
30–34	50.9	96.7	55.7	96.7
35–39	53.3	96.8	58.1	96.6
40–44	56.5	96.5	60.3	96.0
45–49	55.9	95.9	58.2	94.6
50–54	54.0	94.6	53.3	91.6
55–59	52.7	92.1	36.2	84.9
60–64	45.5	85.4	23.4	65.2
65 and older	28.9	66.2	9.7	28.6

Source: World Demographic Estimates and Projections 1950–2025, *United Nations, New York, 1988, p. 177.*

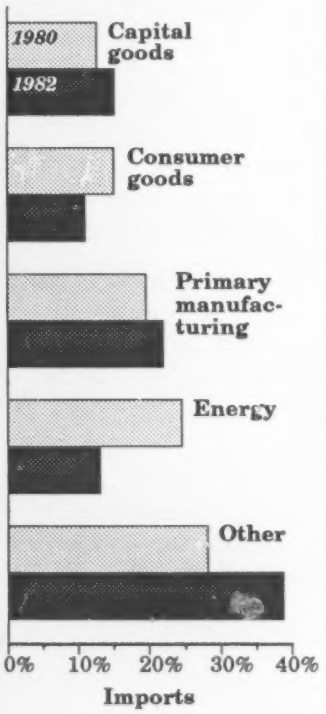
1985, most of the data will take a long time to process. The United Nations' *World Demographic Estimates and Projections, 1950–2025* includes detailed population forecasting for the country. That volume estimates urban and rural growth in Zaïre, as well as age breakdowns and labor participation rates.

The most accessible source of commercial and marketing information comes from the U.S. Department of Commerce. *Marketing in Zaïre,* part of the Overseas Business Reports series, was published in June 1984. It contains valuable export, import, and licensing information. Contact your Department of Commerce district office.

Private consulting firms specializing in Africa or in less industrialized countries also provide valuable consumer information. Many of these firms sell off-the-shelf reports, and will also conduct custom field research projects on request. Staff members frequently are trained in foreign languages. Contact the Zaïre desk at the Department of Commerce for details: (202) 377-0357.

—Patrick J. Tyrrell
Robert A. Weaver, Jr.
& Associates

BUYING PATTERNS
Zaïrians bought fewer consumer goods in 1982 than in 1980.
(Percent share of total imports, 1980 and 1982)



Source: Africa South of the Sahara 1984–1985, *Europa Publications Ltd., London, p. 953.*

***(More medicine,** continued from page 1)*

like cardiovascular disorders, hypertension, cancer, and diabetes.

Circulatory diseases, for example, are the leading causes of death in West Germany, accounting for half of all deaths, while heart disease accounts for only about 7 percent of all Indian deaths. Infectious, parasitic, and nutritional diseases, however, account for nearly one-quarter of Indian deaths.

Two signs of improving health care—and consequently a shift from infectious to degenerative diseases—are the number of doctors and the number of hospital beds that serve a given population. Both ratios dramatically increase as economies grow stronger.

In South Korea, for example, the number of doctors serving each 5,000 people rose from about 2.3 in 1974 to 3.3 in 1983. Similarly the number of beds grew from 9 per 5,000 people in 1980 to 12 in 1986. Perhaps most dramatic, the share of Koreans covered by medical insurance grew from 30 percent to 66 percent in those six years.

But Malaysia, Thailand, and the Philippines are still medically understaffed. One doctor serves nearly

TRADE BALANCE
Traditionally, Belgium and Luxembourg are Zaïre's biggest trading partners.
(Imports to and exports from Zaïre, in millions of US$, 1980)

Imports	*Value of imports (US$ millions)*	*Exports*	*Value of exports (US$ millions)*
Belgium/Luxembourg	$257.6	Belgium/Luxembourg	$1,219.9
USA and Canada	155.2	USA and Canada	360.6
West Germany	154.1	France	174.3
France	124.8	Italy	153.1
Italy	71.4	Japan	134.2
United Kingdom	64.3	United Kingdom	122.0
Japan	45.6	West Germany	114.8
Netherlands	27.3	Netherlands	23.1

***Note:** 2.8 zaïres = US$1 in 1980. Because of inflation, the 1985 rate of exchange was 49.9 zaïres to US$1.*

Source: Africa South of the Sahara 1984–1985, *Europa Publications Ltd., London, p. 953.*

4,000 people in Malaysia as well as in the Philippines. A doctor serves as many as 6,500 people in Thailand. Where doctors are hard to find, nurses, paramedics, and midwives often fill in. There are about 33,000 nurses in Thailand, for example, and nearly 30,000 nurses, midwives, paramedics, and dentists in the Philippines.

The countries with a higher ratio of doctors to people demand sophisticated hospital equipment, such as surgical, X-ray, and electronic diagnostic technology. Hong Kong imported US$428,000 worth of X-ray and electromedical equipment from the U.S. in 1979, and US$1.4 million worth of equipment in 1982. South Korea imported US$1.5 million worth of orthopedic and prosthetic appliances in 1980 and nearly doubled that dollar amount by 1986.

Asian countries with low doctor-to-population ratios demand more basic medical supplies, such as disposable bandages and pharmaceuticals. The Philippines imported US$413,300 worth of disposable equipment and US$2.8 million worth of operating-room equipment from the U.S. in 1978. The U.S. accounted for about half of their total imports in these two categories that year. By 1985, the Philippines imported US$659,000 worth of disposables and US$3.2 million in operating-room equipment.

Thailand's market for medical equipment and supplies exceeded US$80 million last year, and new hospital construction should increase the demand for intensive-care units, laser surgical instruments, electrocardiographs, and artificial respirators, according to the U.S. Department of Commerce.

Local government policies strongly influence medical markets in Asia. Singapore hopes to become the "medical center of excellence within Asia," according to government authorities. The number of Singaporean doctors nearly doubled between 1973 and 1983. "Singapore's progress in the medical field over the past 25 years has drawn it closer to its target of becoming a center of medical specialization," says Chew Chin Hin, deputy director of Singapore's Medical Services.

Overall, the world market for medical equipment is projected to exceed US$36 billion this year, an increase of 54 percent since 1982. The United States, which controls 62 percent of the medical market and specializes in high-technology products like fiber-optic instruments and ultrasonic diagnostics, benefits most from Asia's increasingly sophisticated medical needs. U.S. medical exports should grow 13 percent in value by the end of this year.

Japanese companies provide a growing share of consumer products like eyeglasses and X-ray films to Asian health facilities, and they are beginning to increase their high-technology medical trade as well. In 1985, Korea, Malaysia, and Thailand imported more medical equipment and supplies from Japan than they did from the U.S.

Japan's proximity to other Asian nations gives it an edge in delivery time, product exposure, and post-sale service. Many Asian physicians, however, were trained in the U.S. and are familiar with U.S. equipment and pharmaceutical brands.

Traditionally, Asian governments provide health care as a public service at little or no cost to consumers. But a growing number of private-sector hospitals and clinics are emerging, and the number of these facilities will expand. There were 12 private hospitals in Hong Kong in 1983—up from 7 a decade earlier, for example. As consumers gain wider access to quality care, they will come to expect a range of choice that Westerners have long taken for granted.

—Stephen Karel
Health Officer
East-West Center, Honolulu, HI

Traditionally, Asian governments provide health care as a public service at little or no cost to consumers. But a growing number of private-sector hospitals and clinics are emerging, and the number of these facilities will expand.

DISCOVER KOBE, JAPAN

Kobe households have their own Japanese tradition: buy now and save later.

Although Japan's port city lies in the shadow of Osaka, the country's second-largest commercial giant, Kobe separates itself through the love of risk. As an entrepreneurial center, this southern city of 1.4 million people* attracts the international traders that a more conservative Osaka neglects.

Home to one of the early foreign settlements that opened Japan to Western commerce, Kobe is busy creating jobs, amassing revenues, and attracting 10,000 new residents a year. The city is wedged between Mount Rokko and the shore of Osaka Bay, in the center of a heavily populated corridor only 12 miles west of Osaka City.

Parts of Kobe are literally new—two massive land-reclamation projects recently added about 1,000 hectares of land in the Osaka Bay area. The new "Port Island" houses a 7,200-square-yard exhibition hall, a five-star hotel, several city parks, and housing for 20,000 people. A second addition, "Rokko Island," will include a mini-city with trade exhibition halls, office blocks, shopping centers, and housing for 5,000 more people.

Developers wasted no land in the Kobe reclamation projects. Hillsides that were flattened to create landfill for the islands are now terraced into a number of new "towns"—industrial parks with housing for employees.

U N D I S C O V E R E D M A R K E T S

These "towns" have already attracted 130 companies.

KOBE AND THE NEIGHBORS

Kobe's population is growing after a five-year period of stagnation in the late 1970s. The city grew a total of 0.5 percent between 1975 and 1980. But from 1980 to 1985, growth jumped to 3.2 percent.

Kobe's growth falls short of most urban areas comparable in size, but exceeds that of surrounding cities. Osaka grew 0.5 percent between 1980 and 1985, and Kyoto grew only 0.4 percent during the same period.

** All data for Kobe are for the city proper, not the larger metropolitan area. Therefore, comparisons made to other Japanese urban areas are based on city-proper data as found in the Japanese census.*

The 1984 exchange rate was ¥244=US$1; the current exchange rate is ¥125=US$1.

KOBE CROWDS

Most Kobe wards are crowded. But Nishi, the fastest-growing ward, is one of the least dense. (Population of Kobe wards, 1980 and 1985, annual growth rate, 1980–85, in percent, and population density in persons per square kilometer, 1985)

Ward	Population 1985	Population 1980	Annual growth rate (1980–85)	Density (persons/km²)
Kobe	**1,410,834**	**1,367,390**	**0.6%**	**2,592.6**
Tarumi	224,212	212,758	1.1	7,518.8
Higashinada	184,734	183,284	0.2	6,131.2
Suma	181,966	155,683	3.4	6,692.4
Kita	177,221	164,714	1.5	732.8
Nagata	148,590	163,949	–1.9	13,861.0
Nada	133,745	142,313	–1.2	4,611.9
Hyogo	130,429	142,418	1.7	9,082.8
Chuo	119,163	115,329	0.7	5,219.6
Nishi	110,774	86,942	5.5	801.1

Source: 1985 Census of Japan.

Kobe's population grew 3.2 percent during that period, still slower than Yokohama, Fukuoka, Hiroshima, and Kawasaki.

Of Kobe's nine wards, Nishi and Suma grew the fastest between 1980 and 1985—27 percent and 17 percent, respectively. These two wards gained nearly half of Kobe's 43,000 new residents during that period. Nagata ward is Kobe's densest, with 13,861 people per square kilometer, according to the 1985 Japanese census. Nishi ward is growing fast, but it is Kobe's least dense, with only 801 people per square kilometer.

SPEND MORE, SAVE LESS

Kobe residents are big consumers. Not only does the average Kobe worker household make more money than the average worker household in Osaka or Kyoto, but also the Kobe household spends more and saves less.

Kobe worker households in 1984 made an average of US$1,818 per month (at 1984 exchange rates), compared with $1,474 for Osaka worker households and $1,601 for Kyoto worker households. In after-tax income, Kobe worker households had about $1,474 a month to spend, compared with $1,433 for all Japanese worker households. Kobe worker households also had more after-tax income than Osaka and Kyoto worker households, which averaged $1,290 per month and $1,368 per month, respectively.

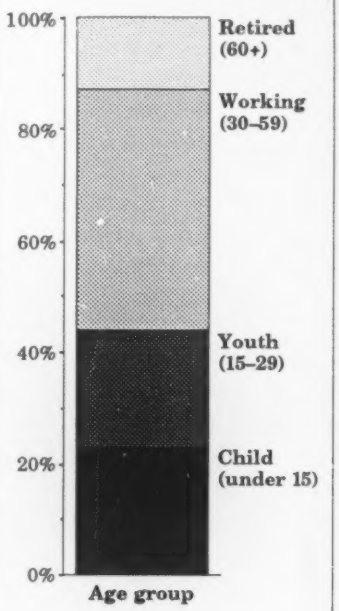
Kobe residents spend the extra money they earn. Kobe worker households saved only 7.5 percent of their after-tax income in 1984, well below the national average of 17.5 percent for all Japanese worker households that year. Both Osaka and Kyoto worker households saved more—12.5 percent and 10.8 percent, respectively.

Kobe is a white-collar city. Nearly 28 percent of the city's labor force worked in wholesale and retail trade, 20 percent in services, and 12 percent in finance, insurance, and government in 1980. Another 22 percent worked in manufacturing, 10 percent worked in transportation and communication, and the remaining 8 percent worked in construction that year.

(continued on page 15)

AGE REPORT

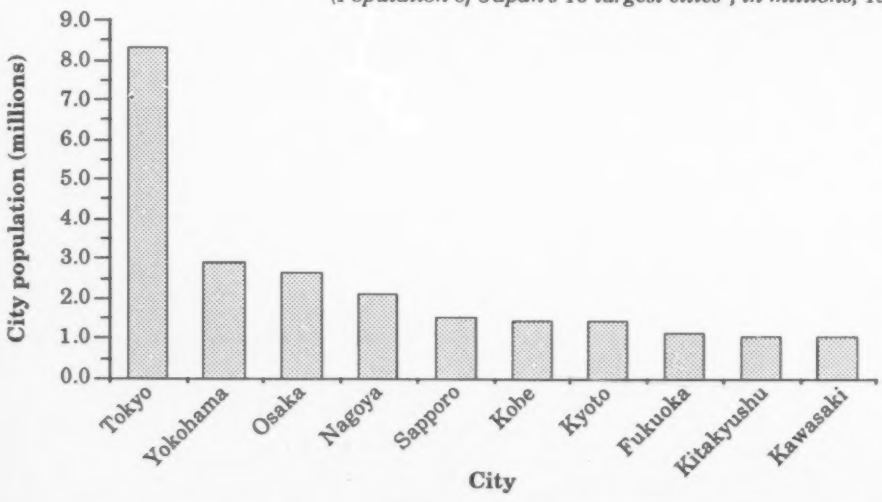
Thirteen percent of Kobe residents are aged 60 and older. (Kobe population by age group, in percent, 1980)



Source: 1980 Census of Japan.

JAPAN'S TOP TEN

One-fifth of all Japanese live in the country's ten largest downtown areas. (Population of Japan's 10 largest cities, in millions, 1985)*



** Note: These data refer only to the city proper. They do not include surrounding metropolitan areas.*

Source: 1985 Census of Japan.

BRASS AND FERN DIETS

If you're eating fried chicken, you could be sitting in Macon, Georgia, or Beijing, China. Are world diets converging?

Urban Americans complain of the "brass and fern syndrome." That's the discomfort of knowing you're in a city restaurant but not knowing exactly which city or which restaurant. They all look so much alike—dim lights, light rock music, brass, and ferns.

Now that Brazilians can buy Dunkin' Donuts in São Paulo, Soviets can savor pan pizza in Moscow, and Finns can slurp Tofutti in Helsinki, are people's eating habits going the way of the brass and the fern?

PRODUCT COMPARISON

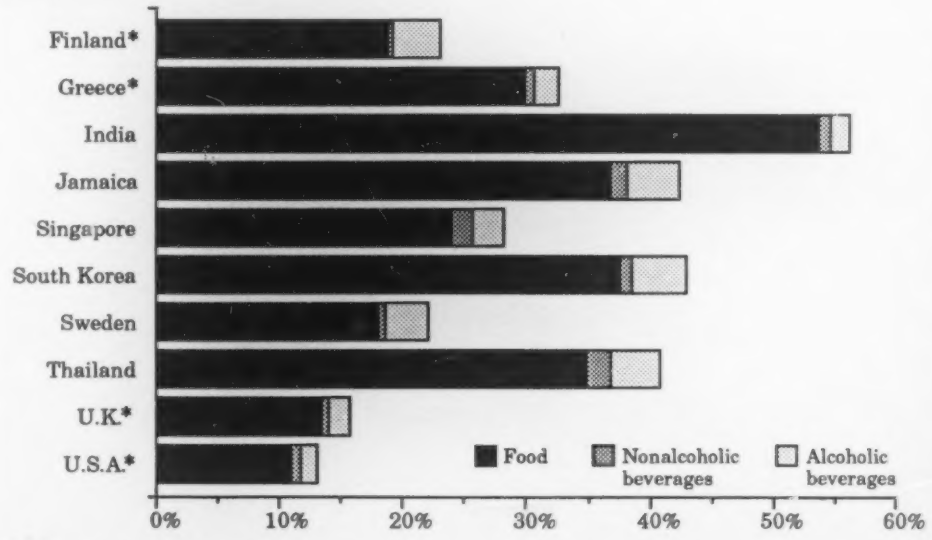
In average nutritional value, world diets are converging. Take Japanese and American eating habits, for example. In 1955 the traditional Japanese diet consisted mainly of rice, fish, and vegetables. Carbohydrates—mostly rice—provided fully 80 percent of the Japanese daily calorie supply, according to the Japanese Ministry of Agriculture, Forestry and Fisheries (MAFF). Fats made up only 9 percent of the caloric intake, and proteins about 12 percent. In general, Americans ate much more fat and fewer carbohydrates than the Japanese.

Now that the Japanese have more choices about what they can eat, their caloric intake is beginning to resemble that in the U.S. In 1985 the daily Japanese diet was approximately 60 percent carbohydrates, 13 percent proteins, and 27 percent fats, according to MAFF's Food Balance Sheet. In the U.S., the percentages were 43 percent carbohydrates, 12 percent proteins, and 45 percent fats.

Today, all major food groups except rice are more popular among the Japanese. A Japanese adult ate an average of 11 ounces of rice, 2 ounces of fruit, half an ounce of meat, 1 ounce of dairy products, and 3 ounces of fish a day in 1960. Today, someone in Tokyo or Osaka eats about 7 ounces of rice, 4 ounces of fruit, 2 ounces of meat, 6 ounces of dairy products, and 3 ounces of fish each day.

FOOD FUNDS

Indians spend a relatively large share of their incomes on food. (Percent of total budget spent on food, alcoholic, and non-alcoholic beverages, in percent, 1982)



** Note: Data are for 1983.*

Source: U.S. and World Food, Beverages, and Tobacco Expenditures, 1970–1983, *U.S. Economic Research Service, Washington, D.C., U.S. Department of Commerce, National Technical Information Service, October 1986.*

The world's tasty treats also are gaining global recognition: Pepperidge Farm cookies (available in 7-Eleven stores), Campbell's soup, Häagen-Dazs ice cream, and the ubiquitous Big Mac all are finding their way into Japanese meals. New Japanese domestic hits include a canned coffee drink (the most popular soft drink in the country), edible fruit snacks that look like business cards, iodine-fortified eggs, and yellow vegetables shaped like potato chips.

Children benefit from the added variety. According to the 1984 Japanese *National Nutrition Survey*, the average height of an 11-year-old boy increased from 52 inches in 1950 to 57 inches in 1980. The average weight of an 11-year-old Japanese boy also increased from 62 pounds to 79 pounds during those 30 years.

Not only are people's menus beginning to look alike, but their lifestyles are too. The forces behind the restaurant and microwave revolution in the United States—smaller families and working women—are gaining steam in Europe and Japan. The average household size in Japan fell from 4.9 people in 1955 to 3.2 in 1985. The female share of workers in nonagricultural industries rose from 30 percent in 1960 to 36 percent in 1985.

More than half of all women aged 15 to 64 in France, the United Kingdom, and West Germany now work. The average household size in the United Kingdom fell from 3.1 people in 1961 to 2.6 in 1984. In West Germany average household size fell from 2.7 people in 1970 to 2.5 in 1981. One in every four households in France was a one-person household in 1982. Because of these trends, microwavable and convenience foods are catching on in Europe nearly as fast as they are in the United States. Sales of refrigerated processed foods now account for 40 percent of all food dollars spent in Europe, according to *Food Processing* magazine.

Eating out absorbs more food dollars as well. In 1970 the Japanese spent about 15 percent of their food dollars in restaurants, according to MAFF. By 1980 that share reached 18 percent, and it is forecast to top 24 percent by 1990.

The same fast-food restaurants that serve rural Mississippi also serve downtown Hong Kong. Pizza Hut, Domino's Pizza, Kentucky Fried Chicken, and even Mrs. Field's Cookies and Ice Cream Express are located in this bustling Asian port. Fast-food restaurants account for about 15 percent of Hong Kong's restaurant revenues, while they account for about half of restaurant revenues in the U.S. The global taste-bud is on the way.

—Blayne Cutler

In 1970 the Japanese spent about 15 percent of their food dollars in restaurants. By 1980 that share reached 18 percent, and it is forecast to top 24 percent by 1990.

COUNTING CARBS

Japanese are eating fewer carbohydrates, more fats, and more proteins. Their diets now look Italian or French.
(Ratio of proteins, fats, and carbohydrates to total caloric intake, by country, 1982)*

Country	*Proteins*	*Fats*	*Carbohydrates*
India	9.7%	14.3%	76.0%
Brazil	9.5	17.6	72.9
Japan	**12.8**	**28.0**	**59.2**
Italy	12.8	34.0	53.2
U.S.A.	12.2	45.0	42.8
France	13.3	46.9	39.8

** Note: Japanese data are for 1984. Indian data are averaged from 1979 to 1981.*

Source: Dietary Trends in Japan, *JETRO Agriculture Dept., Tokyo, Japan, 1987, p. 4.*

REGIONS: CONSUMER TRENDS AROUND THE WORLD

AFRICA

In the United States it's against the law; in Sénégal it's the general rule—nearly half of all married women share a husband, according to *Enquête Démographique et de Santé au Sénégal 1986.* This new addition to the Demographic and Health Survey series was produced by the Institute for Resource Development and the government of Sénégal.

Fully 47 percent of all married women in Sénégal are just one of their husbands' several wives. Rural women with little education are the most likely to live polygamously. Forty-nine percent of rural women live in such a union, while 41 percent of urban women do.

Polygamy drops sharply with education. Of all married Sénégalese women, half of those with no education are polygamous, about 36 percent of those with a primary education are, and 27 percent of those with a secondary education or higher are.

Older women are most likely to be members of a crowded union. Sixty-two percent of Sénégalese women aged 45 to 49 live polygamously, compared with only 33 percent of women aged 20 to 24.

For more information on Sénégalese women, contact the Demographic and Health Survey, IRD/ Westinghouse, P.O. Box 866, Columbia, MD 21044.

Practical study is on the rise in Spain. The number of students enrolled in private-sector vocational programs in Spain more than tripled from 1976 to 1983, according to the European Economic Community's *Vocational Training in Spain.*

Spanish students in all vocational programs doubled, from 305,000 in 1976 to 651,000 in 1983. Vocational training in the private sector grew from 185,000 to 288,000, while training in the public sector grew from 120,000 to 363,000. The share of public-sector vocational students among all vocational students grew from 39 percent to 56 percent during the same period.

More women are going to vocational school in Spain than ever before. The share of vocational señoritas grew from fewer than one-third of the total to more than 40 percent by 1983. In private-sector vocational training, more than half of all students are women.

EUROPE

Turning gravestones into bedroom sets? In Siberia the practice may be only one step away, according to the *World Press Review.* A letter written by a Soviet funeral-bureau employee to the newspaper *Pravda* explains that not enough people are dying in the city of Komsomolsk-na-Amure to make the official target of gravestone sales. So the

INTERNATIONAL DEMO MEMO

Number of university students who share one computer terminal or personal computer:

United States	*8*
Great Britain	*12*
West Germany	*100*

Source: Germany—Focus on Scientific and Technical Information, *German National Research Center for Computer Science, vol. 4, no. 1, April 1988, p. 6.*

gravestone industry must now sell to the living.

By selling gravestones "in preparation," funeral-bureau employees hope to keep their annual bonuses. But the letter-writer seemed skeptical: "People do not buy coffins and gravestones to store them. It is not a bedroom set, as the regional financial office seems to think."

Canadians strike it rich: Total household assets rose 10.6 percent in 1987, according to Statistics Canada.

The country's total wealth grew to US$1.6 trillion last year—up 8.4 percent from 1986. Canadians are buying more homes and consumer durables now than at any other time since 1982.

But more money doesn't make Canadians healthier. Nearly 1 million people missed at least two consecutive weeks of work in 1986, according to *The Labour Force*. These sick employees accounted for about 8 percent of all Canadians who held down paid work during that year. About one-half of these absentees were actually sick, one-third had an accident, and one-fifth were pregnant.

For more information, contact the Labour and Household Surveys Analysis Division, Statistics Canada, R. H. Coats Building, Tunney's Pasture, Ottawa, Ontario K1A OT6.

***(Kobe,** continued from page 11)*

Of Kobe's 434,000 worker households, about 18 percent were one-person households in 1980. That share is low compared to that of most Japanese cities of comparable size. Nearly one-quarter of all Kyoto, Sapporo, and Fukuoka worker households were single-person households in 1980, for example. Only Kitakyushu had a smaller share of single-person households than Kobe, at 16 percent.

Fully 13 percent of Kobe residents are aged 60 or older, while fifteen percent of all Japanese are aged 60 or older. Sixty-four percent of both Kobe residents and all Japanese are of working age (15 to 59), and less than one-quarter of both groups are under age 15.

—Denise Rusoff

C I T Y S T A T S

BREATHE DEEPLY

Some of the most beautiful cities are also the most polluted.
(Population in thousands, 1985, and sulphur dioxide concentration, in μg/m³, 1983)*

Urban area	*Population (thousands)*	*Pollution level*
Milan, Italy	57,128	127†
Berlin, Germany	61,015	67
Liege, Belgium	9,857	63†
Barreiro/Seixal, Portugal	10,230	62
Paris, France	55,162	61
London, United Kingdom	56,618	60
Montréal, Canada	25,379	37†
Rotterdam/Rijnmond, Netherlands	14,484	37
Sydney, Australia	15,752	32†
Kawasaki, Japan	120,754	28
Detroit, USA	239,283	26
Oslo, Norway	4,148	17

** Annual average of daily concentrations in micrograms per cubic meter.*
† Data for 1982.

Source: Final Statistical Summary 1985, *in* OECD Observer, *no. 145, April/May 1987.*

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Living in Colombia, William R. Hutchison, Cynthia A. Poznanski, and Laura Todt-Stockman; Intercultural Press, P.O. Box 768, Yarmouth, ME 04096, US$15.00.

As a foreign businessperson living in Colombia, you could try several tactics to boost your sales. But the techniques that work in the U.S.—cold-calling prospective clients, spending money on costly promotions, and scheduling as many appointments as possible in one day—will not work in Colombia.

Living in Colombia explains the relationship between culture and business so that foreigners can prepare for difficult social and commercial challenges.

The authors show that time is more flexible in Colombia than in the United States. "Keep in mind when you set a timetable or deadline that it may actually mean a later date for the Colombian. . . . Colombians almost always expect that deadlines will slip to some degree."

Formality is crucial to Colombian culture and this often sends unintentional messages to foreign visitors. "This formality," according to Hutchison, Poznanski, and Todt-Stockman, "causes some foreigners to perceive Andean Colombians (especially Bogotanos and the upper classes) as cold, rigid, and distant, somewhat the way the British upper classes are often perceived."

Colombia has more major cities than do most Latin American countries. More than 4 million people live in Bogotá, more than 2 million live in Medellín and Cali, and about 1 million live in Barranquilla. Cartagena, Bucaramanga, Cúcuta, and Pereira are other large urban areas.

In the next century, rapid urbanization will squeeze housing, jobs, and other social services in these cities. The book familiarizes outsiders with domestic issues that press on daily Colombian life. From the subtle to the obvious, cultural differences between Colombia and the United States can become a source of friction if not properly understood.

—Blayne Cutler

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